NOBLE METRO-DETROIT SCHOLARSHIP APPLICATION

NAME:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: **EMAIL:**

DATE OF BIRTH:

NAME, ADDRESS AND TELEPHONE NUMBER OF HIGH SCHOOL:

CUMULATIVE GRADE POINT AVERAGE:

HONORS, AWARDS, OR OTHER RECOGNITION:

EXTRACURRICULAR ACTIVITIES:

FAMILY ANNUAL INCOME:

NUMBER OF FAMILY MEMBERS:

(Please indicate family members currently enrolled in college)

COLLEGES OR UNIVERSITIES TO WHICH YOU HAVE APPLIED AND/OR BEEN ACCEPTED:

INDICATE MONETARY SCHOLARSHIPS OR AWARDS AND AMOUNTS ALREADY RECEIVED:

NOBLE METRO-DETROIT SCHOLARSHIP APPLICATION

REFERENCES: (1) Personal And (2) School Officials:

NAME (1):

ADDRESS:

PHONE:

BEST TIME TO CALL:

RELATIONSHIP TO APPLICANT:

NAME (2):

ADDRESS:

PHONE:

BEST TIME TO CALL:

RELATIONSHIP TO APPLICANT:

NAME (3):

ADDRESS:

PHONE:

BEST TIME TO CALL:

RELATIONSHIP TO APPLICANT:

☐ **I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF I KNOWINGLY PROVIDE ANY FALSE OR MISLEADING INFORMATION, IT SHALL BE GROUNDS FOR MY DISQUALIFICATION FROM THE PROCESS.**

_____ _____

Signature of Applicant Date